OCT 19 2018

City of San Marcos City Council/Council Appointee/P&Z Commissioner Annual Financial Disclosure Form

Annual Financial Disclosure Form
NOTES 1. This report covers the reporting period from: January 1, 2017 – December 31, 2017 2. Do not leave items blank. If item is not applicable, mark NA or NONE. 3. Attach information on additional pages, if necessary.
Name: Jocabed Marquez, PhD
Residence address: 241 Split Rail Dr. San Marcos, TX 78666
Title of position held with the City:
Name of spouse: Samuel Garcia NA or NONE
Names of all dependent children: Sofia J. Garan NA or NONE
Names under which you, your spouse, or any of your dependent children do business: NA or NONE 1.
2.
3.
NOTE – You may use the following reporting categories to describe amounts and values:
Category I – At least \$100.00 but less than \$10,000.00
Category II — At least \$10,000.00 but less than \$20,000.00
Category III — At least \$20,000,00 but less than \$50,000,00

1. Identify each source of income amounting to more than \$100.00 received in the reporting period by you, your spouse, or any of your dependent children:

NA or NONE

Category VI - \$100,000.00 or more - report to nearest \$100,000.00

Category IV - At least \$50,000.00 but less than \$75,000.00 Category V - At least \$75,000.00 but less than \$100,000.00

Name & full address of income source	Nature of income [e.g., salary, dividends, rent, etc.]	Amount of income [by reporting category]	Income of [e.g., self, spouse, or dependent child]
Texas State University	Salary	111	self
Texas State University	Salan	II	Spouse

Nature of option	Amount of transactio	n	Name &	full address of	other parties
[real estate, stock, etc.]	[by reporting category]		1	ansaction	
		,			
3. Identify each business entity, r	nonprofit entity or union in	which	ı you, you	r spouse, or an	v of vour
dependent children was a partner,	manager, officer, member	of the	board of	directors, prop	rietor or
beneficiary during the reporting p				NA or N	ONE
Name & full address of business of	or nonprofit entity or union	Po	sition held	I	
4. Identify each business entity,					
dependent children had an owners during the reporting period:	ship interest with a fair ma	rket v	value of n	ore than \$100. NA or N	
Name & full address of business	Description of ownership	Val	ue of	Number of	Net gain or
or nonprofit entity or union	interest [e.g., owner,	own	ership	shares	loss from
	partner, stockholder]	inte	rest reporting	held/shares issued	sale of stock [by reporting
			gory]	[if applicable]	category]
					,
	y v				

had an interest as owner,	orty in the City or ETJ in we beneficial owner (holder or owner of more than 59)	of a	mortgage), business	own	er (partner in	a partnership ler:	
Full address or legal description	Name & full address of owner(s) [if other than you, your spouse or children]	Fair market value [by reporting category] and present use		y reporting category] property, annu		Homestead exemption on this property?	
						v	
6. Identify persons, busing children owed a debt of marelated within the second reported as required by latenated. Name & full address of page 2007 and 100 ft.	ore than \$100.00 during the degree of consanguinity which will be degree of consanguinity or erson, business entity or	he re	porting period (not in finity, or loans to a p	oolit	ling debts ow ical campaigr NA or NO Amount of r	ed to persons n which were NE	
Freedom M 907 Ple	was owed ortgage asant Valley Suite 3 Mt. Caure T 08054	1	[by reporting category \$ 280,000		during reporting [by reporting]	category]	
N	J 08054						
7. Provided this information wed you, your spouse, or period (not including debt	any of your dependent ch	ildre	n a debt of more than	n \$10	00.00 during 1	the reporting y or affinity:	
Name & full address of pe guarantor that owed the d		1	nount of debt reporting category]	dı	mount of repauring reporting y	g period	

Name & full address of person, business guarantor that owed the debt	entity or	Amount of debt [by reporting category]	Amount of repayment during reporting period [by reporting category]
deceived during the reporting period by your another person for the use and benefit including (1) a gift received from a relative intestate succession or as distribution from incestor):	ou, your spect of you, you if given	pouse, or any of your de your spouse, or any of because of kinship, or o	pendent children, or receive your dependent children (no (2) a gift received by will, b
Name & full address of source of gift(s)	Descript	ion of gift(s)	Amount or value of gift(s) [by reporting category]
Provided this information is not privilegentity during the reporting period, list all custome during the reporting period:			
Name & full address of customer			

Name of Court Live Latte	D	NA or NONE
Name of franchise holder	Description of financial interest held [stock, mortgage, note etc.]	Value of financial interes [by reporting category]
	[steek, mortgage, note etc.]	[by reporting eategory]
ildren with any holder of any fra	ng the reporting period by you, your spouse, on the city, other than as a customer than a customer	or any of your dependent omer or patron: NA or NONE
ame of franchise holder	Description of transaction	Value of transaction
		[by reporting category]
FIDAVIT I swear under penalty	of perjury that the above statement is true and cor	reat I acknowledge that the
closure applies to a family membe	r (as defined by Section 176.001(2), Local Gove	ernment Code) of this local
vernment officer. I also acknowle 5.003(a), Local Government Code.	edge that this statement covers the 12-month pe	eriod described by Section
5.005(a), Local Government Code.	\bigcirc 11 \bigcirc	
	Manheel hanne	4
DALEY HELLER Notary ID #128312404	G: OF 10	0.00
DALEY HELLER	Signature of Local Government	Officer/Appointed Official
DALEY HELLER Notary ID #128312404 My Commission Expires September 10, 2022		Officer/Appointed Official
DALEY HELLER Notary ID #128312404 My Commission Expires September 10, 2022 FIX NOTARY STAMP / SEAL AE	BOVE	
DALEY HELLER Notary ID #128312404 My Commission Expires September 10, 2022 FIX NOTARY STAMP / SEAL AE orn to and subscribed before me, by	SOVE the said JOCA BED MARQUEZ, this	
DALEY HELLER Notary ID #128312404 My Commission Expires September 10, 2022 FIX NOTARY STAMP / SEAL ABorn to and subscribed before me, by	the said <u>Joca BEO</u> MARQUEZ, this certify which, witness my hand and seal of office.	

Printed name of officer administering oath

Title of officer administering oath

Signature of officer administering oath